



U.S. Department
of Transportation
**Federal Aviation
Administration**

Flight Standards District Office
Scottsdale

17777 North Perimeter Drive, Suite 101
Scottsdale, Arizona 85255
(480) 419-0330 x244, Fax: (480) 419-0800

LETTER OF AUTHORIZATION FOR OCEANIC AND REMOTE AREA FLIGHT

This letter constitutes approval for the named aircraft and operator to fly in the authorized special areas of operation listed below:

AUTHORIZED SPECIAL AREAS OF OPERATION

This approval is for: NAT/MNPS _____ RVSM _____ RNP-10 _____ PRNAV/BRNAV _____

OTHER _____

AIRCRAFT INFORMATION

Aircraft Make and Model: _____

Registration Number: _____

Aircraft Serial Number: _____

Aircraft Color: _____

LONG RANGE NAVIGATION SYSTEMS (LRNS)

QTY/MANUFACTURER	MODEL NO.	TYPE OF EQUIPMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

LONG RANGE COMMUNICATION SYSTEMS (LRCS)

QTY/MANUFACTURER	MODEL NO.	TYPE OF EQUIPMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

LRNS and LRCS applicable to NAT MNPS, RNP-10 and any other operations where such systems are required.

AIRCRAFT LIMITATIONS

Any changes to the original aircraft configuration ("N" number, color, owner, location of operation, agent for service, etc.) requires re-issuance of this LOA.

This LOA becomes invalid 6 months after the original issuance if height monitoring results have not been submitted to the issuing FSDO.

This LOA is not valid for operations in areas of magnetic unreliability unless so authorized above under "Other".

This LOA becomes invalid if the aircraft is operated under FAR 121/125/129/135 and listed in paragraph D092 of the operations specifications.

OPERATOR INFORMATION

Name of aircraft operator:_____

Crew training conducted by:_____

Printed name of person responsible for crew operations
or agent for service (must be a U. S. citizen):_____

Signature of person responsible for crew
operations or agent for service:_____

Telephone No_____

Street address (cannot be a Post Office box):_____

City, State, Zip Code:_____

-----FOR FAA USE ONLY (To be completed by issuing office)-----

Authorization Number:_____

Aircraft limitations (if applicable):_____

Program Tracking and Reporting Subsystem (PTRS) tracking:_____

Date of issuance:_____

Date of Expiration:_____

This authorization is subject to the conditions that all operations conducted within the approved airspace above are in accordance with Title 14 of the Code of Federal Regulations (14 CFR) part 91 (FAR 91.705 FAR 91.706 & Appendix G) and the flight rules contained in the International Civil Aviation Organization (ICAO) Annex 2, and that all operations outside of the United States comply with FAR 91.703 and Annex 6. The person responsible for crew operations or agent for service must accept responsibility for complying with the stated regulations by signing this document. This document is considered invalid until signed. LOA's should be renewed at least 30 days prior to the expiration date.

Approved By:_____
Manager, SDL FSDO

Rev. 5 10/18/04